

Original Article

Health Education About Stroke Patient Treatment Of Knowledge And Family Anxiety

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ABSTRACT

Background: Stroke is still the main cause of disability. The impact of a stroke greatly depends on the location and extent of the damage, and age. Patient motivation and support from the family is very important to increase self-confidence to treat patients after stroke. If the family cannot treat stroke patients, then the family can experience anxiety and have an impact on the health of stroke patients. Objective To find out whether there is an influence of health education on the care of stroke patients on family knowledge and anxiety in Mokoyurli District General Hospital, Buol District.

The design used in this research is pre-experiment. The population is all families with stroke patients. The sample size was 32 respondents using simple random sampling technique. The independent variable of research is health education. The dependent variable is Knowledge and anxiety. Data were collected using a questionnaire, then data were analyzed using Wilcoxon test with a significance level of $\alpha \leq 0.05$.

The results showed that almost half the respondents had less knowledge before the intervention as many as 15 respondents (46.9%), good knowledge after the intervention were 19 respondents (59.4%), anxiety who were before the intervention were 17 respondents (53.1 %), mild anxiety after the intervention were 17 respondents (53.1%). Wilcoxon statistical test there is an influence of health education about the care of stroke patients on family knowledge, Wilcoxon statistical test there is an effect of health education about care of stroke patients on family anxiety.

There is an Influence of Health Education on Stroke Patient Care on Family Knowledge and Anxiety in the Mokoyurli District General Hospital, Buol District.

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Introduction

Stroke is still the main cause of disability. The impact of a stroke greatly depends on the location and extent of the damage, and age. Stroke causes various neurological deficits, according to the location and size of the lesion. Clinical manifestations of stroke include: motor disorders, verbal communication disorders, impaired perception, impaired cognitive function and psychological disorders and bladder dysfunction (Smeltzer & Bare 2008). Patient motivation and support from the family is very important to increase self-confidence to treat patients after stroke. Families in stroke patients will experience difficulties in treatment because the family does not know what to do. The family only understands how to administer drugs and does not understand how to care, mobilize, cleanse, and fulfill the needs of other stroke patients (Chaira, 2015). The family shows anxiety in treating stroke patients. If the family cannot treat stroke patients, then the family can experience anxiety and have an impact on the health of stroke patients. Family anxiety in approaching stroke patients must be prevented early.

WHO data for 2017 shows that 15 million people suffer strokes worldwide every year. As many as 5 million people have died and 5 million have permanent disability (Stroke center, 2017). Riskesdas 2018 data found that stroke patients in Indonesia reached 10.9 Permil (Riskesdas, 2018). Stroke is a serious disease because it has a fairly high mortality rate of more than 200,000 people / year worldwide and the incidence of stroke is estimated at more than 750,000 per year with 200,000 lives / year of repeated strokes, some or more stroke clients will experience physical dependence and even death (Price & Wilson, 2006). One third sufferers die during the initial attack / acute phase, another third experience recurrent strokes, of which 50% of survivors will experience a disability. Of the one million population reported to be around 24,000 who suffered a stroke and 1,800 patients who will return to repeat. The results of a preliminary study in December 2018 at the Mokoyurli District General Hospital in Buol District, found

that the number of stroke patients in September 2018 were 34 patients, in October 2018 there were 35 patients, in November 2018 there were 33 patients, with an average of 34 patients per month . From 10 families with stroke patients, it was found that 7 of them expressed their anxiety because they did not understand how to care for the personal hygiene of stroke patients such as bathing patients and 3 other people were not so anxious because they knew how to tilt and how to bathe stroke patients.

Stroke can leave paralysis, especially on the affected side, arises pain, suble education on the shoulder, wrong path pattern. Nurses can provide health education to families on how to optimize the limbs affected by stroke through an activity that is simple and easily understood by patients and families (Smeltzer and Bare, 2008). Health education for families is very important in the process of recovery and optimization of motor abilities of patients after stroke. Health education provided to families can increase knowledge and reduce anxiety in families about the care of stroke patients. Care services that focus on the family and the provision of health education aim to develop and improve the ability of families in terms of knowledge in overcoming health problems in the family in the form of anxiety.

Families can increase knowledge and reduce anxiety about stroke patient care, one of them is by providing health education, with the hope of providing health information needed by the family, thereby reducing family anxiety. Nurses provide health education about post-stroke care, which is a difficult and prolonged treatment that requires patience and calmness of the patient and the patient's family, this is what makes patients reluctant to carry out rehabilitation which is most likely influenced due to lack of family support or patient motivation to carry out rehabilitation. Based on the background on the previous page, the researcher intends to conduct a study entitled "Health Education About the Care of Stroke Patients for Family Knowledge and Anxiety in the Mokoyurli District General Hospital Buol District"

Method

The design used in this research is pre-experiment. The population is all families with stroke patients. The sample size was 32 respondents using simple random sampling technique. The independent variable of research is health education. The dependent variable is Knowledge and anxiety. Data were collected using a questionnaire, then data were analyzed using Wilcoxon test with a significance level of $\alpha \leq 0.05$.

Results

Table 1. Frequency Distribution of Respondents based on Knowledge at the Mokoyurli District General Hospital in Buol District on July 18-August 19, 2019 (n = 32)

No	Knowledge	Before		After	
		Frequency	Percentage	Frequency	Percentage
1	Less	15	46,9	2	6,3
2	Sufficient	9	28,1	11	34,4
3	Good	8	25,0	19	59,4
Total		32	100	32	100

The results showed that almost half of respondents had less knowledge before the intervention of 15 respondents (46.9%), and good knowledge after the intervention of 19 respondents (59.4%)

Table 2. Distribution of Respondent Frequencies based on Anxiety in the Mokoyurli District General Hospital in Buol District on 18 July-19 August 2019 (n = 32)

No	Anxiety	Before		After	
		Frequency	Percentage	Frequency	Percentage
1	Weight	2	6,5	0	0
2	Medium	17	53,1	7	21,9
3	Lightweight	8	25,0	17	53,1
4	No Anxiety	5	15,6	8	25,0
Total		32	100	32	100

The results showed that almost half of respondents had moderate anxiety before

the intervention as many as 17 respondents (53.1%), and mild anxiety after the intervention were 17 respondents (53.1%)

Table 3. Test Statistics

Test Statistics ^a		
	Pengetahuan_sesudah - Pengetahuan_sebelum	Kecemasan sesudah - Kecemasan sebelum
Z	-4,179 ^a	-3,368 ^a
Asymp. Sig. (2-tailed)	,000	,001

a. Based on positive ranks

b. Wilcoxon Signed Ranks Test

Statistical test in the study of knowledge variables using Wilcoxon test with a <0.05 obtained $p = 0,000$ where H_1 was accepted and H_0 was rejected, which means that there is an influence of Health Education About Stroke Patient Care on Family Knowledge in Mokoyurli District General Hospital Buol District.

Statistical test in the knowledge variable research used Wilcoxon test with a <0.05 obtained $p = 0.001$ where H_1 was accepted and H_0 was rejected, which means that there was an influence of Health Education on Stroke Patient Care on Family Anxiety in Mokoyurli District General Hospital Buol District

Discussion

Statistical test in the study of knowledge variables using Wilcoxon test with a <0.05 obtained $p = 0,000$ where H_1 was accepted and H_0 was rejected, which means that there is an influence of Health Education About Stroke Patient Care on Family Knowledge in Mokoyurli District General Hospital Buol District.

According to Ariani's theory (2012), it was found that this thrombosis occurs in occluded blood vessels causing brain tissue ischemia that can cause edema and congestion in the vicinity. Thrombosis usually occurs in older people who are sleeping or waking up. This can occur due to decreased sympathetic

activity and decreased blood pressure which can cause cerebral ischemia. Neurological signs and symptoms often worsen within 48 hours after thrombosis. Intracranial or intracerebral hemorrhage includes bleeding in the subarachnoid space or into the brain tissue itself. This bleeding can occur due to atherosclerosis and hypertension. As a result of rupture of blood vessels of the brain causing blood permeation into the brain parenchyma which can cause pressure, shift and separation of adjacent brain tissue, so that the brain will swell, brain tissue is depressed, resulting in brain infarction, edema, and possibly brain herniation.

Based on the results of the study found there is the influence of Health Education About the Care of Stroke Patients on Family Knowledge in Mokoyurli District General Hospital, Buol District. Health education to families can be a combination of various activities and opportunities based on the principles of learning about the care of stroke patients to achieve a situation, where individuals, and families, as a whole want to live healthy, know how and do what can be done about care in stroke patients. Knowledge enhancement through health education is very effective and must continue to be done to improve family care services for sick families, and an increase in the ability of families to care for sick family members.

Statistical test in the study of knowledge variables using Wilcoxon test with a <0.05 obtained $p = 0.001$ where H_1 was accepted and H_0 was rejected, which means that there was an influence of Health Education on Stroke Patient Care on Family Anxiety in Mokoyurli District General Hospital, Buol District. The results showed that almost half of respondents before the intervention had moderate anxiety with less knowledge of 13 respondents (40.6%).

According to the theory of Ahira (2008) revealed that the factors that influence counseling are Education can affect the way a person views the new information he receives. So it can be said that the higher the level of education, the easier a person receives the information he gets, the higher a person's socioeconomic level, the easier it is to receive

new information. Customs where our society still values and regards customs as something that should not be ignored. People pay more attention to the information conveyed by people they already know, because there is already community trust in the conveyor of information. Availability of Time in the Community, namely the time of delivery of information must pay attention to the level of community activity to ensure the level of community presence in counseling.

Based on the results of the study there is the Effect of Health Education About the Care of Stroke Patients Against Family Anxiety in the Mokoyurli District General Hospital, Buol District. There are some respondents who still have moderate to mild anxiety, this is likely influenced by, the length of the family has been caring for sick family members. And there are some that affect a person's anxiety including feelings of threat to integrity, fatigue including physiological disabilities that will occur continuously due to the family having been close to a stroke patient for a long time or decreasing the ability to perform daily activities due to stress that has been experienced by the family for a long time. Respondents may have a threat to the self-system in the form of discomfort caring for sick family members and can endanger the identity, self-esteem, and social functions that are integrated in individuals

Conclusion

1. The results showed that almost half the respondents had less knowledge before the intervention as many as 15 respondents (46.9%),
2. The results showed that most respondents had good knowledge after the intervention of 19 respondents (59.4%)
3. The results showed that almost half of respondents had moderate anxiety before the intervention as many as 17 respondents (53.1%),
4. The results showed that most respondents had mild anxiety after the intervention of 17 respondents (53.1%)
5. Statistical test in the study of knowledge variables using Wilcoxon test with a <0.05

obtained $p = 0,000$ where H_1 was accepted and H_0 was rejected, which means that there is an influence of Health Education About Stroke Patient Care on Family Knowledge in Mokoyurli District General Hospital Buol District.

6. Statistical test in the knowledge variable research used Wilcoxon test with a <0.05 obtained $p = 0.001$ where H_1 was accepted and H_0 was rejected, which means that there was an influence of Health Education on Stroke Patient Care on Family Anxiety in Mokoyurli District General Hospital Buol District

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